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## BIB DATA SHEET

CONFIRMATION NO. 8120

<b>SERIAL NUMBER</b> 10/717,470	<b>FILING or 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> MR1811-48/DIV		
<b>APPLICANTS</b> Robert E. Fischell, Dayton, MD; David R. Fischell, Fair Haven, NJ; Janet Burpee, Fair Haven, NJ;						
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/899,142 07/06/2001 PAT 6,699,278 which claims benefit of 60/234,497 09/22/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/19/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  MD	<b>SHEETS DRAWINGS</b>  10	<b>TOTAL CLAIMS</b>  14	<b>INDEPENDENT CLAIMS</b>  6
<b>ADDRESS</b> ROSENBERG, KLEIN & LEE 3458 ELLICOTT CENTER DRIVE-SUITE 101 ELLICOTT CITY, MD 21043 UNITED STATES						
<b>TITLE</b> Stent with optimal strength and radiopacity characteristics						
<b>FILING FEE RECEIVED</b> 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		